



District of Columbia Housing Authority

Client Placement Division
1133 North Capitol Street, NE, Suite 178
Washington, DC 20002

(202)535-1706 Ext 5
DC Relay (202) 855-1234
Fax (202)535-2043

APPLICATION FOR HOUSING ASSISTANCE

Effective December 1, 2006, the District of Columbia Housing Authority, Client Placement Division, changed to an appointment only process for accepting applications for housing and updating housing application information. To schedule an appointment to apply for housing or update your application information, please contact the Client Placement Division Appointment Line at (202) 435-3245 between 8:30am-4:30 p.m. To check the status of your application, please contact the office at (202) 535-1706 Ext. 5 or by DC Relay at (202) 855-1234.

Print information in ink

Last Name of Applicant	First Name of Applicant	S.S. # for Applicant
Home Address:		Mailing Address (If different)
Home Telephone: ()		Work Telephone/Cell Phone: ()

CHECK THE HOUSING PROGRAM THAT YOU ARE APPLYING FOR. YOU CAN MAKE MORE THAN ONE CHOICE:

☐ Public Housing ☐ Section 8 Voucher Program ☐ Section 8 Moderate Rehabilitation

Household Information:

First list applicant, the co-applicant and all children (who will live with you) in order of age starting with the oldest. Then list all others who will live with you.

<u>First and Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex M/F</u>	<u>Social Security # of All Household Members 6 years of age or older</u>
1.	Applicant			
2.	Co-Applicant			
3.				
4.				
5.				
6.				

Total number who will live in the unit _____.

Have you or any other adult household member(s) listed on this application ever lived in public housing and/or received Section 8 Housing Assistance? [] Yes [] No

If DCHA Public Housing, list property name. _____

IF YOU ARE A FORMER RESIDENT OF DCHA PUBLIC HOUSING OR RECEIVED SECTION 8 HOUSING ASSISTANCE AND OWE A RENTAL BALANCE, YOU CANNOT BE ASSISTED UNTIL THE BALANCE IS PAID IN FULL.

Have you or any other household member(s) listed ever been arrested or convicted of a criminal offense involving a sex offense, illegal drug activity, weapon possession or violence against people or property? ☐ Yes ☐ No
If yes, please list the household member(s), crime, when and where it was committed:

<u>Name Of Member</u>	<u>Crime</u>	<u>Date</u>	<u>Location Of Crime</u>
1.			
2.			
3.			
4			

WHAT IS YOUR CURRENT LIVING CONDITION? Check all that apply

- ☐ I am **homeless**; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address.
- ☐ I have been **displaced** due to government action, disaster (such as fire or flood), or actions taken by owner.
- ☐ I have been **displaced** due to recent or continuing **domestic violence**.
- ☐ I have been **displaced** due to recent or continuing **hate crimes**.
- ☐ I am unable to fully use my current housing due to **inaccessibility of my unit** because I or a member of my Household has a mobility or other impairment.
- ☐ I am living in a unit **unfit for habitation** and it has **building/housing code violations**.
- ☐ I am currently paying more than **50% of my income towards rent and utilities**.

WORKING FAMILIES— I (applicant) and/or my spouse is/are (Check all that apply):

- ☐ Currently working at least 20 hours per week;
- ☐ Currently self-employed;
- ☐ Attending a certified General Equivalency Diploma (GED) Program;
- ☐ Participating in a verifiable job training program;
- ☐ 62 years of age or older; or
- ☐ Disabled

IF YOU MARKED THE DISABLED PREFERENCE, PLEASE INDICATE IF YOU OR A HOUSEHOLD MEMBER WITH A DISABILITY NEED ANY OF THE FOLLOWING SPECIAL FEATURES AS A REASONABLE ACCOMMODATION:

- ☐ Wheelchair Accessible Unit ☐ Live-In Aide ☐ Other _____
- ☐ Hearing Impaired Hardware ☐ Unit Without Steps
- ☐ Sight Impaired Accommodations ☐ None

INCOME:

List all income for all household members who will live in your unit

<u>Household Member Name</u>	<u>Type of Income</u>	<u>Amount Received Per Month</u>
1.		
2.		
3.		
4.		

-REASONABLE ACCOMMODATION SURVEY-

The information gathered in this section will help the District of Columbia Housing Authority (DCHA) better serve the housing needs of persons with disabilities. Your assistance is needed to identify persons with disabilities on the public housing waiting list that need special features in their units to take full advantage of housing owned and managed by DCHA. The special features are known as “reasonable accommodations.” A reasonable accommodation is a change that can be made to a unit or procedure to allow a person with disabilities to have the same opportunity for housing as any other applicant. **NO ONE IS REQUIRED TO DISCLOSE A DISABILITY. THIS INFORMATION IS OPTIONAL.**

Please complete the questions below if you or the household member with disabilities needs special features in the public housing unit:

1. Will you have an attendant living with you? ☐ Yes ☐ No
(Prior to admission, Live-in Aides will have to meet applicant screening criteria.)
2. Do you or anyone in your household need an accessible parking space? ☐ Yes ☐ No
3. Do you need parking for a raised roof van or wheelchair lift? ☐ Yes ☐ No
4. Do you or anyone in your household need assistance with daily activities such as: (check all that apply):
☐ Using the bathroom ☐ Bathing/Showering ☐ Eating ☐ Dressing ☐ Cleaning
☐ None of the above
5. Is it hard for you or anyone you live with to climb stairs? ☐ Yes ☐ No
6. Do you or anyone you live with use any of the following devices? (Check all that apply):
☐ Wheelchair ☐ Walker ☐ Crutches ☐ Cane ☐ Other (specify) _____
7. What, if any, modifications do you or anyone in your household need in your bathroom? (Check all that apply)
☐ Grab bars ☐ Roll in shower ☐ Extendable hand shower ☐ Raised toilet seat
☐ Lower toilet seats ☐ Extended handles on faucets ☐ Other (specify) _____
8. Is it hard for you or anyone who will live with you to:
☐ Open room doors ☐ Open kitchen appliances such as refrigerator, stove, microwave
☐ Turn on sinks, tubs, flushing toilets ☐ Lift ☐ Reach ☐ Other (specify) _____
9. Do you need:
☐ Lower light switches ☐ Lower room temperature control (thermostat)
☐ Adjustment of plumbing fixtures (sinks, toilets, tubs, showers, etc.)
☐ Adjustment of electrical appliances (refrigerators, stoves, laundry machines)
☐ Adjustment to table/counter height ☐ Other (specify) _____
10. Do you or any member of your household need Braille labeling or raised letters in your apartment and in common areas of the building? ☐ Yes ☐ No

11. Do you need flashing warning lights for:

☐ Smoke-detection

☐ Doorbell

☐ Security purposes

12. Do you or anyone you live with use a service animal?

☐ Yes

☐ No

13. Do you or any household member need any accommodation(s) not mentioned? ☐ Yes ☐ No

If yes, please indicate how the DCHA could accommodate your Household:

RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT
(used for statistical purposes only)

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program.

Race:

☐ Black/African American

☐ White

☐ Asian

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Native

☐ Other _____

Ethnicity:

☐ Hispanic

☐ Non-Hispanic

Is Primary Language Spoken by Head of Household English?

☐ Yes

☐ No

If no, please check the language spoken:

☐ Spanish

☐ Chinese

☐ Vietnamese

☐ Korean

☐ Amharic

☐ Other _____

Application MUST be signed to be considered complete.

I declare that the statements contained in this application are true and correct and that I have not made a false statement, given false information or omitted information in connection with this application.

Applicant's Signature & Date

Co-Applicant's Signature & Date

WARNING: False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.